

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinRegistration District No. 297

Township

Primary Registration District No. 3016City Washington (No.)File No. 37615Registered No. 80

St. Ward)

2. FULL NAME Child unnamed

(a) Residence, No.

St.

Ward.

(Usual place of abode)

St. Clair, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWhiteInfant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18th 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 20 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Mo.

FATHER

13. NAME

Bryan V. Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Omarion, Mo.

MOTHER

15. MAIDEN NAME

Clara Alice Lark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Clair, Mo.

17. INFORMANT

(ADDRESS)

Bryan V. Matthews
St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Clair, Mo.

DATE

Oct. 20th 1937

19. UNDERTAKER

(ADDRESS)

Wm. Carey & Co.
St. Clair, Mo.

20. FILED

Oct. 19, 1937H. A. May

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 193722. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Oct 19 1937I last saw him alive on Oct 19 1937 Death is saidto have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Difficult Birth

Date of onset

10-18-37

Other contributory causes of importance:

Name of operation

clinical

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Berman

M. D.

(Address)

Washington Mo.

